



516

**NOTES:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

## 1. Article Addressed to:

**Michael Salcido**

**GUST ROSENFELD PLC**

**201 East Washington, Suite 800**

**Phoenix, Arizona 85004-2327**

## 2. Article Number



7120 5325 1300 0000 6121

3. Service Type ☒ **CERTIFIED**

Date of Delivery

8-2-02

Enter delivery address if different than item 1.

Received By: (Print Name)

*Jan A. Shuei*

Signature (Addressee or Agent)

*Jan A. Shuei A-6R1MIS*

PS Form 3811 **S-03413A-01-0000**

**DOMESTIC RETURN RECEIPT**